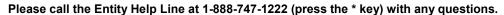


	EE #:			From:	EDS/AAPU				
	То:			Email:	HFAAPU@eds.com				
	Fax: ()		_	Fax:	(916) 859-2388	_			
	Phone: ()			Phone:	(888) 747-1222 (press the * key)				
	Date:			Pages (in	cluding cover): 2				
Comments: Reason for sending Enrollment Entity Information Change Form. Entity Request Check was returned not deliverable Report was returned not deliverable CAA Training Unit sent update Other Other									
	Current address for Entity Payment Report		<u>C</u>	urrent ad	Idress where checks are maile	<u>3d</u>			

Change of Information for Enrollment Entities





SECTION 1	Enrollment Entity Data										
Please complete required Entity information. Note:	Organization Name	E	Enrollment Entity #(5 dig	gits) EDS Ve	endor#						
Signature of Authorized Contact Person is required for all updates.	Authorized Contact	gnature									
Please check appropriate box(es) below to indicate address to be updated:											
☐ Please change the mailing address for Monthly Entity Payment Reports											
□ Please change the mailing address for Reimbursement Checks											
SECTION 2	Change Of Mailing Address										
Please complete all fields in this section.	Mailing Address	Change Of M	annig Addres		Suite Number						
	City		State/Zip		1						
☐ Please change the physical/business address to:											
SECTION 3	Change of Physical/Business Address										
Please complete all fields in this section	Physical Address			Suite Numbe	er						
	City		State/Zip								
	County	Cross Streets									
☐ Please change the contact person(s):											
SECTION 4	New Contact Person F	or Referrals	New A	uthorized Co	ntact Person						
Please complete all appropriate fields in this section	New Contact Name(s)		New Contact Name((s)							
Section	Phone # Fax # ()	Phone #	Fax ()						
☐ Please add the follo	wing Sub-Site:			<u>, </u>							
SECTION 5 Add a Sub-Site											
SECTION 5 Please complete all fields in	Mailing Address	oub-oite		Suite Number							
this section only if adding a new sub-site.	City		Sta	ate/Zip							
	Physical /Business Address			Suite Number							
	,			Guite Hamber							
	City		Stat	e/Zip							
	County										
	Sub-Site Contact Name										
	Sub-Site Contact's Telephone Number	Sub-Site Contact's Fax Number									
	Language spoken by CAA Staff		Office Hours								

Please mail to: Healthy Families ATTN: AAPU, PO Box 138005, Sacramento, CA 95813-5008 Or Fax to (916) 859-2388 ATTN: AAPU